

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09183811	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2		1		1			52				
3		2		2			53				
4		2		2			54				
5		2		2			55				
6		2		2			56				
7		2		2			57				
8	1		1				58				
9		1		1			59				
10		2		2			60				
11		2		2			61				
12		2		2			62				
13		2		2			63				
14		2		2			64				
15		2		2			65				
16		2		2			66				
17		2		2			67				
18		2		2			68				
19		2		2			69				
20		2		2			70				
21		1		1			71				
22		2		2			72				
23		2		2			73				
24		2		2			74				
25		2		2			75				
26		2		2			76				
27		2		2			77				
28		2		2			78				
29		2		2			79				
30		2		2			80				
31		2		2			81				
32			1				82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	2		3				TOTAL IND.				
TOTAL DEP.	56		56				TOTAL DEP.				
TOTAL CLAIMS	58		59				TOTAL CLAIMS				

PTO-1350 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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